

CN Acenterine
CN Acesal
CN Acesan
CN Acetard
CN Aceticyl
CN Acetilum acidulatum
CN Acetisal
CN Acetol
CN Acetonyl
CN Acetophen
CN Acetosal
CN Acetosalic acid
CN Acetosalin
CN Acetylin
CN Acetylsal
CN Acetylsalicylic acid
CN Acetyonyl
CN Acetysal
CN Acidum acetylsalicylicum
CN Acimetten
CN Acisal
CN Acylpyrin
CN Adiro
CN Albyl E
CN ASA
CN Asaflow
CN Asagran
CN Asatard
CN Ascoden 30
CN Ascolong
CN Ascriptin
CN Aspalon
CN Aspergum
CN Aspirdrops
CN Aspirin
CN Aspirin Protect 100
CN Aspirin Protect 300
CN Aspirin-Direkt
CN Aspirina 03
CN Aspro
CN Aspro Clear
CN Aspropharm
CN Asteric
CN Bayer
CN Benaspir

ADDITIONAL NAMES NOT AVAILABLE IN THIS FORMAT - Use FCN, FIDE, or ALL for
DISPLAY

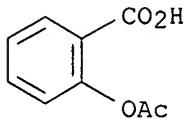
FS 3D CONCORD
DR 11126-35-5, 11126-37-7, 98201-60-6, 2349-94-2, 26914-13-6
MF C9 H8 O4
CI COM

LC STN Files: ADISNEWS, AGRICOLA, ANABSTR, AQUIRE, BEILSTEIN*, BIOSIS,
BIOTECHNO, CA, CABA, CAOLD, CAPLUS, CASREACT, CBNB, CHEMCATS,
CHEMINFORMRX, CHEMLIST, CIN, CSCHEM, CSNB, DDFU, DETHERM*, DIOGENES,
DIPPR*, DRUGU, EMBASE, GMELIN*, HSDB*, IFICDB, IFIPAT, IFIUDB,
IMSCOSEARCH, IPA, MEDLINE, MRCK*, MSDS-OHS, NAPRALERT, NIOSHTIC,
PATDPASPC, PDLCOM*, PHAR, PIRA, PROMT, PROUSDDR, PS, RTECS*, SPECINFO,
SYNTHLINE, TOXCENTER, TULSA, ULIDAT, USAN, USPAT2, USPATFULL, VETU, VTB

(*File contains numerically searchable property data)

Other Sources: DSL**, EINECS**, TSCA**

(**Enter CHEMLIST File for up-to-date regulatory information)



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

19615 REFERENCES IN FILE CA (1907 TO DATE)
 383 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
 19667 REFERENCES IN FILE CAPLUS (1907 TO DATE)
 1 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

=> file bioscience

=> s 12 and thromboxane

28 FILES SEARCHED...
 56 FILES SEARCHED...
 66 FILES SEARCHED...

L3 9682 L2 AND THROMBOXANE

=> s 13 AND (quartile OR quantile)

61 FILES SEARCHED...

L4 18 L3 AND (QUARTILE OR QUANTILE)

=> dup rem 14

DUPLICATE IS NOT AVAILABLE IN 'ADISINSIGHT, ADISNEWS, DGENE, DRUGMONOG2, FEDRIP, FOREGE, GENBANK, IMSPRODUCT, IMSRESEARCH, KOSMET, NUTRACEUT, PCTGEN, PHAR, PHARMAML, PROUSDDR, PS, RDISCLOSURE, SYNTHLINE'. ANSWERS FROM THESE FILES WILL BE CONSIDERED UNIQUE
 PROCESSING COMPLETED FOR L4

L5 11 DUP REM L4 (7 DUPLICATES REMOVED)

=> d 15 1-11 ibib abs

L5 ANSWER 1 OF 11 USPATFULL on STN

ACCESSION NUMBER: 2005:170928 USPATFULL
 TITLE: Composition for the treatment and prevention of endothelial dysfunction
 INVENTOR(S): Petrus, Edward J., Austin, TX, UNITED STATES

NUMBER	KIND	DATE
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PATENT INFORMATION:

US 2005147675 A1 20050707

APPLICATION INFO.:

US 2005-57671 A1 20050215 (11)

RELATED APPLN. INFO.:

Continuation of Ser. No. US 2003-436528, filed on 14 May 2003, PENDING Continuation-in-part of Ser. No. US 2001-947674, filed on 7 Sep 2001, GRANTED, Pat. No. US 6596708

DOCUMENT TYPE:

Utility

FILE SEGMENT:

APPLICATION

LEGAL REPRESENTATIVE:

EDWARD J. RETRUS, 3413 SPANISH OAK DR., AUSTIN, TX, 78731, US

NUMBER OF CLAIMS:

20

EXEMPLARY CLAIM:

1

LINE COUNT:

746

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB A composition for the treatment and prevention of endothelial dysfunction comprising a therapeutically effective amount of anti-inflammatory agents comprising; NSAIDs, an amino sugar and a zinc compound combined with dietary supplements and a method for the treatment and prevention of endothelial dysfunction in mammals.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L5 ANSWER 2 OF 11 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2005579641 EMBASE

TITLE: Persistent production of platelet **thromboxane** A2 in patients chronically treated with aspirin.

AUTHOR: Pulcinelli F.M.; Riondino S.; Celestini A.; Pignatelli P.; Trifiro E.; Di Renzo L.; Violi F.

CORPORATE SOURCE: F.M. Pulcinelli, Dipartimento di Medicina Sperimentale e Patologia, Universita degli Studi La Sapienza, Viale Regina Elena 324, 00161 Roma, Italy. fabio.pulcinelli@uniromal.it

SOURCE: Journal of Thrombosis and Haemostasis, (2005) Vol. 3, No. 12, pp. 2784-2789. .

Refs: 13

ISSN: 1538-7933 CODEN: JTHOA5

COUNTRY: United Kingdom

DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
025 Hematology
030 Pharmacology
037 Drug Literature Index

LANGUAGE: English

SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 20060112
Last Updated on STN: 20060112

AB Background: Patients treated with aspirin may have a reduced sensitivity to its antiplatelet effect. The mechanism accounting for such a reduced sensitivity might involve an impaired interaction of aspirin with cyclooxygenase-1 (COX)-1. Objective: We sought to investigate whether platelets from patients under chronic treatment with aspirin still produce TXA2 and whether there is any relationship between the eventual persistent TXA2 formation and platelet aggregation. Finally, whether platelet-derived TXA2 can be inhibited by in vitro addition of aspirin. Methods: Collagen-induced platelet aggregation and **thromboxane**-A2 (TXA2) were measured in 196 patients treated with aspirin (100-330 mg day(-1)) because of previous vascular events or presence of risk factors of atherosclerosis. Results: Collagen-induced TXA2 production of the entire cohort was 128.7 ± 21.6 pg 10^{-8} cells, and was significantly correlated with platelet aggregation (Spearman's correlation coefficient = 0.44; $P < 0.0001$). Patients in the highest quartile of TXA2 showed higher platelet response to collagen ($P < 0.0001$) when compared with those in the lowest quartile. In a subgroup of 96 patients, platelets were treated in vitro with a TXA2 receptor antagonist (13-azaprostanoid acid) or aspirin before stimulation with collagen. 13-APA acid significantly inhibited platelet aggregation. Aspirin reduced (-72.9%) TXA2 production in patients with TXA2 values above the median but it was ineffective in those with TXA2 values below the median. Conclusion: In some patients chronically treated with aspirin platelet production of TXA2 may persist and account for enhanced platelet aggregation. Incomplete inhibition of COX-1 seems to be implicated in persistent TXA2 production. .COPYRGT. 2005 International Society on Thrombosis and Haemostasis.

L5 ANSWER 3 OF 11 USPATFULL on STN

ACCESSION NUMBER: 2004:151514 USPATFULL

TITLE: Method for predicting cardiovascular events

INVENTOR(S): Yusuf, Salim, Carlisle, CANADA
Hirsh, Jack, Burlington, CANADA
Eikelboom, John, Canning Vale Wa, AUSTRALIA

INSTANT APP.

NUMBER KIND DATE

US 2004115735 A1 20040617

PATENT INFORMATION:

APPLICATION INFO.: US 2003-670122 A1 20030924 (10)
RELATED APPLN. INFO.: Continuation of Ser. No. WO 2003-CA422, filed on 24 Mar
2003, UNKNOWN

	NUMBER	DATE
PRIORITY INFORMATION:	US 2002-367883P	20020324 (60)
DOCUMENT TYPE:	Utility	
FILE SEGMENT:	APPLICATION	
LEGAL REPRESENTATIVE:	FISH & RICHARDSON PC, 225 FRANKLIN ST, BOSTON, MA, 02110	
NUMBER OF CLAIMS:	17	
EXEMPLARY CLAIM:	1	
NUMBER OF DRAWINGS:	4 Drawing Page(s)	
LINE COUNT:	857	

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB A novel method for assessing the risk of a cardiovascular event is provided. The concentration of 11-dehydro **thromboxane** in a urine sample is measured and compared to a set of standardized **quartile** concentrations. A concentration of urinary 11-dehydro **thromboxane** that falls within the fourth **quartile** is indicative of a greatly increased risk of a recurrent cardiovascular event.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L5 ANSWER 4 OF 11 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
ACCESSION NUMBER: 2005:525101 BIOSIS

DOCUMENT NUMBER: PREV200510315064

TITLE: Systemic inflammation and glycemic control as the amplifying factors for aspirin-resistant **thromboxane** biosynthesis in patients with coronary artery disease.

AUTHOR(S): Ohmori, Hisako [Reprint Author]; Murasaki, Kagari M.; Honda, Atsushi; Kakizawa, Yoshiko; Terajima, Yutaka; Tanoue, Kenjino; Kasanuki, Hiroshi

CORPORATE SOURCE: Tokyo Womens Med Univ, Tokyo, Japan

SOURCE: Circulation, (OCT 26 2004) Vol. 110, No. 17, Suppl. S, pp. 310-311.

Meeting Info.: 77th Scientific Meeting of the American Heart Association. New Orleans, LA, USA. November 07 -10, 2004. Amer Heart Assoc.

CODEN: CIRCAZ. ISSN: 0009-7322.

Conference; (Meeting)

Conference; Abstract; (Meeting Abstract)

English

ENTRY DATE: Entered STN: 1 Dec 2005

Last Updated on STN: 1 Dec 2005

AB Background Aspirin reduces the risk of cardiovascular events in a broad category of high-risk patients. The primary antithrombotic mechanism is inhibition of biosynthesis of **thromboxane** A₂ by irreversibly acetyloyating platelet cyclooxygenase-1. However, aspirin's antiplatelet effect may not be uniform in all patients. Clinical predictors and causative factors of aspirin resistance have not been fully understood. To clarify the clinical features of aspirin resistant **thromboxane** synthesis, we evaluated systemic inflammation and glycemic control in patients with coronary artery disease Methods and Results 36 consecutive patients with stable coronary artery disease who had taken 100mg of aspirin for previous seven days were enrolled into this study (mean age 67.7 + -9.1 years, 10 female). Urinary 11-dehydro-**thromboxane** B-2 (11-d-TXB2), a stable metabolite of **thromboxane** A₂, high-sensitivity CRP (hs-CRP), and glycated hemoglobin (HbA1c) were measured in all patients and healthy controls. We also evaluated cyclooxygenase-2 (COX-2) expression of circulating monocytes. Urinary concentrations of 11-d-TXB2 (ng/m mol Creatinine), hs-CRP (ng/mL) and

HbA1c (%) were significantly higher in patients with coronary artery disease compared with healthy control controls. Among patients, compared with upper quartile of 11-dehydro-TXB2 (group A) and other (group B); group A showed significantly higher levels of hs-CRP and HbA1c. (11-d-TXB2 group A 30.6 +/- 8.601 versus group B 12.5 +/- 2.8, P<0.01, hs-CRP 2411 +/- 713 versus 1010 +/- 284, P<0.01, HbA1c 7.2 +/- 1.1 versus 5.9 +/- 0.9%, P<0.01). Peripheral monocyte expression of COX-2 was detected in 8 of the 9 patients from group A, while 4 of the 27 patients from group B. Statistically significant correlations between 11-d-TXB2 and both HbA1c (r=0.63, P<0.01) and hs-CRP (r=0.66, P<0.01) were observed. Conclusions These results indicate that systemic inflammation and glycemic control is the amplifying factors for aspirin resistant thromboxane biosynthesis in patients with coronary artery disease. These results may help for tailoring therapy to control thromboxane A(2) synthesis to improve disease development and prognosis.

L5 ANSWER 5 OF 11 RIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
ACCESSION NUMBER: 2005:524656 BIOSIS
DOCUMENT NUMBER: PREV200510314619

TITLE: In vitro tests of aspirin resistance are poorly correlated and identify distinct subgroups with aspirin resistance.

AUTHOR(S): Faraday, Nauder [Reprint Author]; Becker, Lewis C.; Yanek, Lisa R.; Moy, Taryn F.; Chiles, Kelly; Kerns, Michelle; Hasan, Ahmed A.; Becker, Diane M.

CORPORATE SOURCE: Johns Hopkins Med Inst, Baltimore, MD 21205 USA

SOURCE: Circulation, (OCT 26 2004) Vol. 110, No. 17, Suppl. S, pp. 217.

Meeting Info.: 77th Scientific Meeting of the American-Heart-Association. New Orleans, LA, USA. November 07 -10, 2004. Amer Heart Assoc.

CODEN: CIRCAZ. ISSN: 0009-7322.

DOCUMENT TYPE: Conference; (Meeting)

LANGUAGE: Conference; Abstract: (Meeting Abstract)

ENTRY DATE: English

Entered STN: 1 Dec 2005

Last Updated on STN: 1 Dec 2005

AB Platelet aggregation, PFA-100, and urinary 11-dehydro thromboxane B2 (u-TxB(2)) are in vitro tests reported to identify aspirin (ASA) resistance in patients with clinical cardiovascular disease. The prevalence of reported ASA resistance ranges from 6-60%. We determined the prevalence of ASA resistance and relationships among tests of ASA resistance in apparently healthy high-risk individuals. Methods: We recruited asymptomatic siblings of patients with documented CAD before age 60, along with the sibling's adult offspring and the offspring's co-parent. After receiving 81 mg ASA/day for 14 days, platelet function was assessed by optical aggregometry to adenosine diphosphate (ADP) and arachidonic acid (AA), PFA-100 (collagen-epinephrine cartridge), and u-TxB2. Criteria for ASA resistance were defined according to previously published criteria: ADP aggregation >70%, AA aggregation >20%, PFA-100 < 194 sec. and u-TxB(2) in highest quartile. Results: Subjects (N=169; mean age 48 +/- 13, 47% male, 21% African American) underwent all 4 tests in a research laboratory. Values for each of the 4 platelet measures after ASA were: ADP aggregation=67 +/- 12%, AA aggregation=0.4 +/- 1.2%, PFA-100=269 +/- 58 sec, and u-TxB(2) = 535 +/- 616 pg/ml. The prevalence of ASA resistance, as defined by ADP aggregation, AA aggregation, PFA-100, and u-TxB(2) was 52%, 0%, 17%, and 27%, respectively. The correlations among the 4 different measures of platelet function were all low (Spearman rho ranged from -0.14 to +0.06 for pairwise comparisons, all statistically nonsignificant). Overall agreement among the 4 tests for classifying ASA resistant subjects was low (kappa = 0.0310, 95% CI -0.1084 to + 0.1704, NS). Conclusion: In asymptomatic subjects at high risk for CAD, the observed prevalence of ASA resistance is dependent on the in vitro test used to define the phenomenon. Different tests identify distinct subgroups with ASA

resistance. The poor correlation and low overall classification agreement suggests that each test measures a distinct in vitro phenotype in response to ASA.

L5 ANSWER 6 OF 11 USPATFULL on STN DUPLICATE 1
ACCESSION NUMBER: 2003:305998 USPATFULL
TITLE: Composition for the treatment and prevention of endothelial dysfunction
INVENTOR(S): Petrus, Edward J., Austin, TX, UNITED STATES

	NUMBER	KIND	DATE
PATENT INFORMATION:	US 2003215430	A1	20031120
	US 6930099	B2	20050816
APPLICATION INFO.:	US 2003-436528	A1	20030514 (10)
RELATED APPLN. INFO.:	Continuation-in-part of Ser. No. US 2001-947674, filed on 7 Sep 2001, GRANTED, Pat. No. US 6596708		
DOCUMENT TYPE:	Utility		
FILE SEGMENT:	APPLICATION		
LEGAL REPRESENTATIVE:	Edward J. Petrus, 3413 Spanish Oak Dr., Austin, TX, 78731		
NUMBER OF CLAIMS:	20		
EXEMPLARY CLAIM:	1		
LINE COUNT:	732		
CAS INDEXING IS AVAILABLE FOR THIS PATENT.			
AB	This invention relates to a method and compositions for the treatment and prevention of disorders associated with endothelial dysfunction consisting of anti-inflammatory agents and dietary supplements.		

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L5 ANSWER 7 OF 11 CAPLUS COPYRIGHT 2006 ACS on STN
ACCESSION NUMBER: 2003:778066 CAPLUS
DOCUMENT NUMBER: 139:273208
TITLE: Method and device for predicting cardiovascular events
INVENTOR(S): Yusuf, Salim; Hirsh, Jack; Eikelboom, John
PATENT ASSIGNEE(S): McMaster University, Can.
SOURCE: PCT Int. Appl., 36 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2003081236	A2	20031002	WO 2003-CA422	20030324
WO 2003081236	A3	20040429		
WO 2003081236	B1	20040701		
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NI, NO, NZ, OM, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
CA 2478436	AA	20031002	CA 2003-2478436	20030324
EP 1488232	A2	20041222	EP 2003-744750	20030324
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, SK				
US 2004115735	A1	20040617	US 2003-670122 INSTANT	20030924
US 2004126826	A1	20040701	US 2003-670118 APP	20030924

PRIORITY APPLN. INFO.: US 2002-367883P P 20020324
WO 2003-CA422 W 20030324
AB A novel method for assessing the risk of cardiovascular event is provided. The concentration of 11-dehydro **thromboxane** in a urine sample is measured and compared to a set of standardized **quartile** concns. A concentration of urinary 11-dehydro **thromboxane** that falls within the fourth **quartile** is indicative of a greatly increased risk of a recurrent cardiovascular event.

L5 ANSWER 8 OF 11 USPATFULL on STN
ACCESSION NUMBER: 2003:197137 USPATFULL
TITLE: Composition for the treatment and prevention of endothelial dysfunction
INVENTOR(S): Petrus, Edward J., Austin, TX, United States
PATENT ASSIGNEE(S): Advanced Medical Instruments, Austin, TX, United States (U.S. corporation)

	NUMBER	KIND	DATE
PATENT INFORMATION:	US 6596708	B1	20030722
APPLICATION INFO.:	US 2001-947674		20010907 (9)
DOCUMENT TYPE:	Utility		
FILE SEGMENT:	GRANTED		
PRIMARY EXAMINER:	Wilson, James O.		
ASSISTANT EXAMINER:	Fisher, La Tonia		
NUMBER OF CLAIMS:	20		
EXEMPLARY CLAIM:	1		
NUMBER OF DRAWINGS:	0 Drawing Figure(s); 0 Drawing Page(s)		
LINE COUNT:	676		

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB A composition for the treatment and prevention of endothelial dysfunction comprising a therapeutically effective amount of anti-inflammatory agents comprising; acetylsalicylic acid, an amino sugar and a zinc compound.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L5 ANSWER 9 OF 11 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
DUPLICATE 2
ACCESSION NUMBER: 2002:262446 BIOSIS
DOCUMENT NUMBER: PREV200200262446
TITLE: Aspirin-resistant **thromboxane** biosynthesis and the risk of myocardial infarction, stroke, or cardiovascular death in patients at high risk for cardiovascular events.
AUTHOR(S): Eikelboom, John W. [Reprint author]; Hirsh, Jack; Weitz, Jeffrey I.; Johnston, Marilyn; Yi, Qilong; Yusuf, Salim
CORPORATE SOURCE: Thrombosis and Haemophilia Unit, Royal Perth Hospital, Wellington Street, Perth, WA, 6897, Australia
john.eikelboom@health.wa.gov.au
SOURCE: Circulation, (April 9, 2002) Vol. 105, No. 14, pp. 1650-1655. print.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 1 May 2002
Last Updated on STN: 1 May 2002

AB Background: We studied whether aspirin resistance, defined as failure of suppression of **thromboxane** generation, increases the risk of cardiovascular events in a high-risk population. Methods and Results: Baseline urine samples were obtained from 5529 Canadian patients enrolled in the Heart Outcomes Prevention Evaluation (HOPE) Study. Using a nested case-control design, we measured urinary 11-dehydro **thromboxane** B2 levels, a marker of in vivo **thromboxane** generation, in 488 cases treated with aspirin who had myocardial infarction, stroke, or

cardiovascular death during 5 years of follow-up and in 488 sex- and age-matched control subjects also receiving aspirin who did not have an event. After adjustment for baseline differences, the odds for the composite outcome of myocardial infarction, stroke, or cardiovascular death increased with each increasing **quartile** of 11-dehydro **thromboxane** B2, with patients in the upper **quartile** having a 1.8-times-higher risk than those in the lower **quartile** (OR, 1.8; 95% CI, 1.2 to 2.7; P=0.009). Those in the upper **quartile** had a 2-times-higher risk of myocardial infarction (OR, 2.0; 95% CI, 1.2 to 3.4; P=0.006) and a 3.5-times-higher risk of cardiovascular death (OR, 3.5; 95% CI, 1.7 to 7.4; P<0.001) than those in the lower **quartile**. Conclusions: In aspirin-treated patients, urinary concentrations of 11-dehydro **thromboxane** B2 predict the future risk of myocardial infarction or cardiovascular death. These findings raise the possibility that elevated urinary 11-dehydro **thromboxane** B2 levels identify patients who are relatively resistant to aspirin and who may benefit from additional antiplatelet therapies or treatments that more effectively block *in vivo* **thromboxane** production or activity.

L5 ANSWER 10 OF 11 BIOTECHNO COPYRIGHT 2006 Elsevier Science B.V. on STN
DUPLICATE

ACCESSION NUMBER: 2002:35203365 BIOTECHNO
TITLE: Aspirin-resistant **thromboxane** biosynthesis
and the risk of myocardial infarction, stroke, or
cardiovascular death in patients at high risk for
cardiovascular events. Eikelboom JW, Hirsh J, Weitz J,
Johnston M, Yi Q, Yusuf S. Circulation 2002; 105:
1650-1655.

AUTHOR: Anand S.S.
CORPORATE SOURCE: S.S. Anand, Hamilton General Hospital, 237 Barton St.
East, Hamilton, Ont. L8L 2X2, Canada.

SOURCE: E-mail: anands@mcmaster.ca
Vascular Medicine, (2002), 7/2 (157-158), 2
reference(s)

DOCUMENT TYPE: CODEN: VAMLFP ISSN: 1358-863X
Journal; Article

COUNTRY: United Kingdom

LANGUAGE: English

SUMMARY LANGUAGE: English

AN 2002:35203365 BIOTECHNO

AB Question: Among high-risk patients with vascular disease treated with aspirin, is incomplete suppression of **thromboxane** generation associated with an increased risk of recurrent cardiovascular events? Population: Men and women >=55 years of age who had a history of coronary artery disease, stroke, peripheral vascular disease, or diabetes plus at least one other CV risk factor who participated in the HOPE trial which was a 2 x 2 factorial randomized controlled trial of ramipril and vitamin E. Design and methods: Nested case-control study of the 5529 patients from the HOPE trial participants from Canada in whom a urine sample was collected at baseline. All samples were sent to a central laboratory and stored at -80°C. Only those patients who were taking aspirin were included. Cases were defined as individuals who had a confirmed MI, stroke, or CV death after randomization. Control subjects were randomly selected from aspirin-treated patients who provided adequate urine samples but did not suffer MI, stroke or CV death after randomization. Cases and controls were matched according to sex and age (± 5 years) in a ratio of 1:1. Urine was thawed and assayed for 11-dehydro **thromboxane** B₂ levels using the Caymann Chemical immunoassay. Results: Among 488 cases and 488 matched controls, the odds of an MI, stroke or CV death increased with each increasing **quartile** of 11-dehydro **thromboxane** B₂, with patients in the upper **quartile** having a 1.8 times higher risk than those in the lower **quartile** (OR = 1.8; 95% CI: 1.2-2.7, p = 0.009). Conclusion: Among aspirin-treated patients who have established

vascular disease, urinary 11-dehydro **thromboxane** B₂ sub.2 predicts the future risk of MI and CV death, and may reflect 'aspirin resistance'.

L5 ANSWER 11 OF 11 ADISNEWS COPYRIGHT (C) 2006 Adis Data Information BV on STN
ACCESSION NUMBER: 2002:2961 ED: 20 Jun 2002 UP: 20 Jun 2002
DOCUMENT NUMBER: 11738324-800888328
TITLE: Product news: Is aspirin resistance associated with increased cardiovascular risk?
SOURCE: INPHARMA 20 Jun 2002 ISSN: 1173-8324
DOCUMENT TYPE: (MIX)
WORD COUNT: 359

=> s 11 AND (quartile OR quantile)

50 FILES SEARCHED...

L6 37 L1 AND (QUARTILE OR QUANTILE)

=> dup rem 16

DUPLICATE IS NOT AVAILABLE IN 'ADISINSIGHT, ADISNEWS, DGENE, DRUGMONOG2, FEDRIP, FOREGE, GENBANK, IMSPRODUCT, IMSRESEARCH, KOSMET, NUTRACEUT, PCTGEN, PHAR, PHARMAML, PROUSDDR, PS, RDISCLOSURE, SYNTHLINE'.

ANSWERS FROM THESE FILES WILL BE CONSIDERED UNIQUE

PROCESSING COMPLETED FOR L6

L7 21 DUP REM L6 (16 DUPLICATES REMOVED)

=> s 17 not 15

17 FILES SEARCHED...

32 FILES SEARCHED...

56 FILES SEARCHED...

L8 13 L7 NOT L5

=> d 18 1-13 ibib abs

L8 ANSWER 1 OF 13 ADISCTI COPYRIGHT (C) 2006 Adis Data Information BV on STN

ACCESSION NUMBER: 2004:4069 ADISCTI
DOCUMENT NUMBER: 800954770

TITLE: Clopidogrel resistance is associated with increased risk of recurrent atherothrombotic events in patients with acute myocardial infarction.
ADIS TITLE: Clopidogrel: therapeutic use.
Myocardial infarction
Association between clopidogrel resistance and cardiovascular risk
In patients undergoing coronary stenting .

AUTHOR: Matetzky S; Shenkman B; Guetta V; Shechter M; Bienart R; et al.

CORPORATE SOURCE: Tel Aviv University, Israel.

SOURCE: Circulation (Jun 29, 2004), Vol. 109, No. 25, pp. 3171-3175
DOCUMENT TYPE: Study

REFERENCE: Ischaemic Heart Disease| Antithrombotics

FILE SEGMENT: Summary

LANGUAGE: English

WORD COUNT: 859

L8 ANSWER 2 OF 13 ADISCTI COPYRIGHT (C) 2006 Adis Data Information BV on STN

ACCESSION NUMBER: 2002:7491 ADISCTI
DOCUMENT NUMBER: 800920620

TITLE: Effectiveness of clopidogrel versus **aspirin** in preventing acute myocardial infarction in patients with symptomatic atherothrombosis (CAPRIE Trial).
ADIS TITLE: Clopidogrel vs **aspirin**: therapeutic use.
Prevention of myocardial infarction
Efficacy according to risk stratification: CAPRIE trial.

AUTHOR: Cannon C P; CAPRIE Investigators.
CORPORATE SOURCE: Brigham and Women's Hospital, Boston, Massachusetts, USA.
SOURCE: American Journal of Cardiology (Oct 1, 2002), Vol. 90, pp. 760-762
DOCUMENT TYPE: Study
REFERENCE: Ischaemic Heart Disease| Antithrombotics
FILE SEGMENT: Summary
LANGUAGE: English
WORD COUNT: 703

L8 ANSWER 3 OF 13 ADISCTI COPYRIGHT (C) 2006 Adis Data Information BV on STN
ACCESSION NUMBER: 2002:3560 ADISCTI
DOCUMENT NUMBER: 800906570

~~TITLE: Aspirin-resistant thromboxane biosynthesis and the risk of myocardial infarction, stroke, or cardiovascular death in patients at high risk for cardiovascular events.~~
ADIS TITLE: **Aspirin**: therapeutic use.
Cardiovascular disorders
~~Persistent thromboxane generation as a mechanism of resistance.~~

AUTHOR: Eikelboom J W; Hirsh J; Weitz J I; Johnston M; Yi Q; et al.
CORPORATE SOURCE: University of Western Australia, Perth, Western Australia, Australia.
SOURCE: Circulation (Apr 9, 2002), Vol. 105, pp. 1650-1655
DOCUMENT TYPE: Study
REFERENCE: Ischaemic Heart Disease| Antithrombotics
FILE SEGMENT: Summary
LANGUAGE: English
WORD COUNT: 945

L8 ANSWER 4 OF 13 ADISCTI COPYRIGHT (C) 2006 Adis Data Information BV on STN
ACCESSION NUMBER: 2002:2686 ADISCTI
DOCUMENT NUMBER: 800903557

~~TITLE: Predicting and preventing myocardial infarction with clopidogrel in patients with symptomatic atherothrombosis: results from CAPRIE.~~
ADIS TITLE: **Aspirin** vs clopidogrel: therapeutic use.
Cardiovascular disorders
~~Identification of risk factors for MI in patients from the CAPRIE trial.~~

AUTHOR: Cannon C P; CAPRIE Investigators.
CORPORATE SOURCE: Brigham and Women's Hospital, Boston, Massachusetts, USA.
SOURCE: Journal of the American College of Cardiology (Mar 6, 2002), Vol. 39 (Suppl. A), pp. 290
DOCUMENT TYPE: Study
REFERENCE: Ischaemic Heart Disease| Antithrombotics
FILE SEGMENT: Summary
LANGUAGE: English
WORD COUNT: 423

L8 ANSWER 5 OF 13 ADISCTI COPYRIGHT (C) 2006 Adis Data Information BV on STN
ACCESSION NUMBER: 2001:18411 ADISCTI
DOCUMENT NUMBER: 800880624

~~TITLE: Effect of clopidogrel added to **aspirin** before percutaneous coronary intervention on the risk associated with C-reactive protein.~~
ADIS TITLE: Clopidogrel + **aspirin**: therapeutic use.

~~Coronary disorders
Effect of clopidogrel pre-treatment on the risk associated with elevated C reactive levels
In patients undergoing PCI.~~
AUTHOR: Chew D P; Bhatt D L; Robbins M A; Mukherjee D; Roffi M; et

CORPORATE SOURCE: al.
Cleveland Clinic Foundation, Cleveland, Ohio, USA.
SOURCE: American Journal of Cardiology (Sep 15, 2001), Vol. 88, pp.
672-674
DOCUMENT TYPE: Study
REFERENCE: Ischaemic Heart Disease | Antithrombotics
FILE SEGMENT: Summary
LANGUAGE: English
WORD COUNT: 687

L8 ANSWER 6 OF 13 CAPLUS COPYRIGHT 2006 ACS on STN
ACCESSION NUMBER: 2006:62755 CAPLUS
TITLE: Persistent production of platelet **thromboxane**
A2 in patients chronically treated with
aspirin
AUTHOR(S): Pulcinelli, F. M.; Riondino, S.; Celestini, A.;
Pignatelli, P.; Trifiro, E.; Di Renzo, L.; Violi, F.
CORPORATE SOURCE: Department of Experimental Medicine and Pathology,
FILE SEGMENT: University 'La Sapienza', Rome, 00161, Italy
LANGUAGE: Journal of Thrombosis and Haemostasis (2005), 3(12),
2784-2789
PUBLISHER: CODEN: JTTHOA5; ISSN: 1538-7933
DOCUMENT TYPE: Blackwell Publishing, Inc.
LANGUAGE: Journal
English
AB Background: Patients treated with **aspirin** may have a reduced sensitivity to its antiplatelet effect. The mechanism accounting for such a reduced sensitivity might involve an impaired interaction of **aspirin** with cyclooxygenase-1 (COX)-1. Objective: We sought to investigate whether platelets from patients under chronic treatment with **aspirin** still produce TXA2 and whether there is any relationship between the eventual persistent TXA2 formation and platelet aggregation. Finally, whether platelet-derived TXA2 can be inhibited by in vitro addition of **aspirin**. Methods: Collagen-induced platelet aggregation and **thromboxane**-A2 (TXA2) were measured in 196 patients treated with **aspirin** (100-330 mg day⁻¹) because of previous vascular events or presence of risk factors of atherosclerosis. Results: Collagen-induced TXA2 production of the entire cohort was 128.7 ± 21.6 pg 10⁻⁸ cells, and was significantly correlated with platelet aggregation (Spearman's correlation coefficient = 0.44; $P < 0.0001$). Patients in the highest quartile of TXA2 showed higher platelet response to collagen ($P < 0.0001$) when compared with those in the lowest quartile. In a subgroup of 96 patients, platelets were treated in vitro with a TXA2 receptor antagonist (13-azaprostanoid acid) or **aspirin** before stimulation with collagen. 13-APA acid significantly inhibited platelet aggregation. **Aspirin** reduced (-72.9%) TXA2 production in patients with TXA2 values above the median but it was ineffective in those with TXA2 values below the median. Conclusion: In some patients chronically treated with **aspirin** platelet production of TXA2 may persist and account for enhanced platelet aggregation. Incomplete inhibition of COX-1 seems to be implicated in persistent TXA2 production
REFERENCE COUNT: 13 THERE ARE 13 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L8 ANSWER 7 OF 13 IFIPAT COPYRIGHT 2006 IFI on STN
AN 10608512 IFIPAT; IFIUDB; IFICDB
TITLE: METHOD FOR PREDICTING CARDIOVASCULAR EVENTS
INVENTOR(S): Eikelboom; John, Canning Vale Wa, AU
Hirsh; Jack, Burlington, CA
Yusuf; Salim, Carlisle, CA
PATENT ASSIGNEE(S): Unassigned
AGENT: FISH & RICHARDSON PC, 225 FRANKLIN ST, BOSTON, MA,
02110, US

NUMBER	PK	DATE
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PATENT INFORMATION: US 2004115735 A1 20040617
APPLICATION INFORMATION: US 2003-670122 20030924

	APPLN. NUMBER	DATE	GRANTED PATENT NO. OR STATUS
CONTINUATION OF:	WO 2003-CA422	20030324	
	NUMBER	DATE	
PRIORITY APPLN. INFO.:	US 2002-367883P	20020324	(Provisional)
FAMILY INFORMATION:	US 2004115735	20040617	
DOCUMENT TYPE:	Utility		
FILE SEGMENT:	Patent Application - First Publication		
	CHEMICAL		
	APPLICATION		

PARENT CASE DATA:

This application is a continuation of application no. PCT/CA03/ 00422 filed on Mar. 24, 2003 which claims priority under 35 USC (sec) 119(e) to U.S. Provisional Application No. 60/367,883 filed Mar. 24, 2002, the entire contents of which are hereby incorporated by reference in their entirety.

NUMBER OF CLAIMS: 17 5 Figure(s).

DESCRIPTION OF FIGURES:

FIG. 1 demonstrates graphically the relationship between 11dehydro ***thromboxane*** B2 levels and risk of a cardiovascular event;
FIG. 2 illustrates one embodiment of a test device according to the present invention;
FIG. 3 illustrates the test device of FIG. 2 in association with a second strip;
FIG. 4 illustrates a preferred embodiment of a test device of the present invention; and
FIG. 5 illustrates yet another embodiment of a test device.

AB A novel method for assessing the risk of a cardiovascular event is provided. The concentration of 11-dehydro **thromboxane** in a urine sample is measured and compared to a set of standardized quartile concentrations. A concentration of urinary 11-dehydro **thromboxane** that falls within the fourth quartile is indicative of a greatly increased risk of a recurrent cardiovascular event.

CLMN 17 5 Figure(s)..

FIG. 1 demonstrates graphically the relationship between 11dehydro **thromboxane** B2 levels and risk of a cardiovascular event;
FIG. 2 illustrates one embodiment of a test device according to the present invention;
FIG. 3 illustrates the test device of FIG. 2 in association with a second strip;
FIG. 4 illustrates a preferred embodiment of a test device of the present invention; and
FIG. 5 illustrates yet another embodiment of a test device.

L8 ANSWER 8 OF 13 PASCAL COPYRIGHT 2006 INIST-CNRS. ALL RIGHTS RESERVED.
on STN

ACCESSION NUMBER: 2002-0275093 PASCAL

COPYRIGHT NOTICE: Copyright .COPYRGT. 2002 INIST-CNRS. All rights reserved.

TITLE (IN ENGLISH): **Aspirin-resistant thromboxane**
biosynthesis and the risk of myocardial infarction, stroke, or cardiovascular death in patients at high risk for cardiovascular events

AUTHOR: EIKELBOOM John W.; HIRSH Jack; WEITZ Jeffrey I.; JOHNSTON Marilyn; QILONG YI; YUSUF Salim

CORPORATE SOURCE: Department of Medicine, University of Western Australia, Thrombosis and Haemophilia Unit, Royal Perth Hospital, Perth, Australia; Hamilton Civic Hospitals Research Centre, Hamilton, Canada; Department of Medicine, McMaster University, Hamilton, Canada; Hemostasis Reference Laboratory, Hamilton Civic Hospitals, Hamilton, Canada; Biostatistics Department, Princess Margaret Hospital, Toronto, Canada; Population Health Institute, McMaster University, Hamilton, Canada

SOURCE: Circulation : (New York, N.Y.), (2002), 105(14), 1650-1655, 29 refs.
ISSN: 0009-7322 CODEN: CIRCAZ

DOCUMENT TYPE: Journal

BIBLIOGRAPHIC LEVEL: Analytic

COUNTRY: United States

LANGUAGE: English

AVAILABILITY: INIST-5907, 354000100560270080

AN 2002-0275093 PASCAL

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AB Background-We studied whether **aspirin** resistance, defined as failure of suppression of **thromboxane** generation, increases the risk of cardiovascular events in a high-risk population. Methods and Results-Baseline urine samples were obtained from 5529 Canadian patients enrolled in the Heart Outcomes Prevention Evaluation (HOPE) Study, Using a nested case-control design, we measured urinary 11-dehydro **thromboxane** B_{sub.2} levels, a marker of in vivo **thromboxane** generation, in 488 cases treated with **aspirin** who had myocardial infarction, stroke, or cardiovascular death during 5 years of follow-up and in 488 sex- and age-matched control subjects also receiving **aspirin** who did not have an event. After adjustment for baseline differences, the odds for the composite outcome of myocardial infarction, stroke, or cardiovascular death increased with each increasing quartile of 11-dehydro **thromboxane** B_{sub.2}, with patients in the upper quartile having a 1.8-times-higher risk than those in the lower quartile (OR, 1.8; 95% CI, 1.2 to 2.7; P=0.009). Those in the upper quartile had a 2-times-higher risk of myocardial infarction (OR, 2.0; 95% CI, 1.2 to 3.4; P=0.006) and a 3.5-times-higher risk of cardiovascular death (OR, 3.5; 95% CI, 1.7 to 7.4; P<0.001) than those in the lower quartile. Conclusions-In **aspirin**-treated patients, urinary concentrations of 11-dehydro **thromboxane** B_{sub.2} predict the future risk of myocardial infarction or cardiovascular death. These findings raise the possibility that elevated urinary 11-dehydro **thromboxane** B_{sub.2} levels identify patients who are relatively resistant to **aspirin** and who may benefit from additional antiplatelet therapies or treatments that more effectively block in vivo **thromboxane** production or activity.

L8 ANSWER 9 OF 13 USPATFULL on STN

ACCESSION NUMBER: 2006:10625 USPATFULL

TITLE: Methods for the treatment of back pain

INVENTOR(S): Friedmann, Nadav, Lafayette, CA, UNITED STATES
Barbier, Remi, San Francisco, CA, UNITED STATES
Schoenhard, Grant L., San Carlos, CA, UNITED STATES

	NUMBER	KIND	DATE
PATENT INFORMATION:	US 2006009478	A1	20060112
APPLICATION INFO.:	US 2005-89283	A1	20050323 (11)
RELATED APPLN. INFO.:	Continuation-in-part of Ser. No. US 2004-966703, filed on 15 Oct 2004, PENDING		

	NUMBER	DATE
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PRIORITY INFORMATION: US 2003-511841P 20031015 (60)
US 2004-566189P 20040427 (60)
DOCUMENT TYPE: Utility
FILE SEGMENT: APPLICATION
LEGAL REPRESENTATIVE: MCANDREWS HELD & MALLOY, LTD, 500 WEST MADISON STREET,
SUITE 3400, CHICAGO, IL, 60661, US
NUMBER OF CLAIMS: 110
EXEMPLARY CLAIM: 1
NUMBER OF DRAWINGS: 13 Drawing Page(s)
LINE COUNT: 10857

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB Methods and materials, including novel compositions, dosage forms and methods of administration, useful for treating back pain using opioid antagonists, including combinations of opioid antagonists and opioid agonists. Methods and materials comprising opioid antagonists or combinations opioid antagonists and agonists may optionally include one or more additional therapeutic agents.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L8 ANSWER 10 OF 13 USPATFULL on STN
ACCESSION NUMBER: 2005:281602 USPATFULL
TITLE: Methods and materials useful for the treatment of arthritic conditions, inflammation associated with a chronic condition or chronic pain
INVENTOR(S): Schoenhard, Grant L., San Carlos, CA, UNITED STATES
Friedmann, Nadav, Lafayette, CA, UNITED STATES
PATENT ASSIGNEE(S): Pain Therapeutics, Inc. (U.S. corporation)

	NUMBER	KIND	DATE
PATENT INFORMATION:	US 2005245557	A1	20051103
APPLICATION INFO.:	US 2004-966703	A1	20041015 (10)

	NUMBER	DATE
PRIORITY INFORMATION:	US 2003-511841P	20031015 (60)
	US 2004-566189P	20040427 (60)
DOCUMENT TYPE:	Utility	
FILE SEGMENT:	APPLICATION	
LEGAL REPRESENTATIVE:	MCANDREWS HELD & MALLOY, LTD, 500 WEST MADISON STREET, SUITE 3400, CHICAGO, IL, 60661, US	
NUMBER OF CLAIMS:	65	
EXEMPLARY CLAIM:	1	
NUMBER OF DRAWINGS:	13 Drawing Page(s)	
LINE COUNT:	6326	

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB Methods and materials, including novel compositions, dosage forms and methods of administration, useful for treating arthritic conditions, inflammation associated with a chronic condition, and/or chronic pain, including pain from arthritis and inflammation, using opioid antagonists, including combinations of opioid antagonists and opioid agonists. Methods and materials comprising opioid antagonists or combinations opioid antagonists and agonists may optionally include one or more additional therapeutic agents.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L8 ANSWER 11 OF 13 USPATFULL on STN
ACCESSION NUMBER: 2005:143804 USPATFULL
TITLE: Methods for treating cardiovascular disease using a soluble CTLA4 molecule
INVENTOR(S): Rusnak, James, Newtown, PA, UNITED STATES

NUMBER	KIND	DATE
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PATENT INFORMATION: US 2005123539 A1 20050609
 APPLICATION INFO.: US 2004-910531 A1 20040803 (10)

NUMBER	DATE
US 2003-492430P	20030804 (60)
Utility	
APPLICATION	
STEPHEN B. DAVIS, BRISTOL-MYERS SQUIBB COMPANY, PATENT DEPARTMENT, P O BOX 4000, PRINCETON, NJ, 08543-4000, US	
NUMBER OF CLAIMS: 29	
EXEMPLARY CLAIM: 1	
NUMBER OF DRAWINGS: 103 Drawing Page(s)	
LINE COUNT: 6609	

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB The present invention relates to compositions and methods for treating cardiovascular system diseases by administering to a subject soluble CTLA4 molecules that block endogenous B7 molecules from binding their ligands.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L8 ANSWER 12 OF 13 USPATFULL on STN
 ACCESSION NUMBER: 2005:131850 USPATFULL
 TITLE: Cicletanine in combination with oral antidiabetic and/or blood lipid-lowering agents as a combination therapy for diabetes and metabolic syndrome
 INVENTOR(S): Fong, Benson M., San Francisco, CA, UNITED STATES
 Cornett, Glenn V., Palo Alto, CA, UNITED STATES

NUMBER	KIND	DATE
US 2005113314	A1	20050526
US 2004-929108	A1	20040827 (10)

NUMBER	DATE
US 2003-498916P	20030829 (60)
Utility	
APPLICATION	
KNOBBE MARTENS OLSON & BEAR LLP, 2040 MAIN STREET, FOURTEENTH FLOOR, IRVINE, CA, 92614, US	
NUMBER OF CLAIMS: 42	
EXEMPLARY CLAIM: 1	
LINE COUNT: 2354	

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB Preferred embodiments of the present invention are related to novel therapeutic drug combinations and methods for treating and/or preventing complications in patients with diabetes and/or metabolic syndrome. More particularly, aspects of the present invention are related to using a combination of cicletanine and an oral antidiabetic agent for treating and/or preventing complications (including microalbuminuria, nephropathies, retinopathies and other complications) in patients with diabetes or metabolic syndrome.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L8 ANSWER 13 OF 13 USPATFULL on STN
 ACCESSION NUMBER: 2004:165339 USPATFULL
 TITLE: Device for measuring an analyte
 INVENTOR(S): Yusuf, Salim, Carlisle, CANADA
 Hirsh, Jack, Burlington, CANADA
 Eikelboom, John, Canning Vale WA, AUSTRALIA

	NUMBER	KIND	DATE
PATENT INFORMATION:	US 2004126826	A1	20040701
APPLICATION INFO.:	US 2003-670118	A1	20030924 (10)
RELATED APPLN. INFO.:	Continuation-in-part of Ser. No. WO 2003-CA422, filed on 24 Mar 2003, UNKNOWN		

	NUMBER	DATE
PRIORITY INFORMATION:	US 2002-367883P	20020324 (60)
DOCUMENT TYPE:	Utility	
FILE SEGMENT:	APPLICATION	
LEGAL REPRESENTATIVE:	FISH & RICHARDSON PC, 225 FRANKLIN ST, BOSTON, MA, 02110	
NUMBER OF CLAIMS:	11	
EXEMPLARY CLAIM:	1	
NUMBER OF DRAWINGS:	4	Drawing Page(s)
LINE COUNT:	926	

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB A novel method for detecting the concentration of a metabolite in a fluid sample is provided. Devices for the detection of the analyte are also provided. In particular, a device for determining the concentration of 11-dehydro **thromboxane** in a urine sample and comparing it to a set of standardized **quartile** concentrations is provided. A concentration of urinary 11-dehydro **thromboxane** that falls within the fourth **quartile** is indicative of a greatly increased risk of a recurrent cardiovascular event.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

=> d his

(FILE 'HOME' ENTERED AT 12:59:56 ON 03 FEB 2006)

FILE 'ADISCTI, ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, ANTE, AQUALINE, AQUASCI, BIOENG, BIOSIS, BIOTECHDS, BIOTECHNO, CABA, CAPLUS, CEABA-VTB, CIN, CONFSCI, CROPB, CROPU, DDFB, DGENE, DISSABS, DRUGB, DRUGMONOG2, DRUGU, EMBAL, EMBASE, ESBIOBASE, FEDRIP, ...' ENTERED AT 13:00:05 ON 03 FEB 2006

L1 18243 S THROMBOXANE AND ASPIRIN

FILE 'REGISTRY' ENTERED AT 13:03:05 ON 03 FEB 2006
L2 1 S 50-78-2

FILE 'ADISCTI, ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, ANTE, AQUALINE, AQUASCI, BIOENG, BIOSIS, BIOTECHDS, BIOTECHNO, CABA, CAPLUS, CEABA-VTB, CIN, CONFSCI, CROPB, CROPU, DDFB, DGENE, DISSABS, DRUGB, DRUGMONOG2, DRUGU, EMBAL, EMBASE, ESBIOBASE, FEDRIP, ...' ENTERED AT 13:03:38 ON 03 FEB 2006

L3 9682 S L2 AND THROMBOXANE
L4 18 S L3 AND (QUARTILE OR QUANTILE)
L5 11 DUP REM L4 (7 DUPLICATES REMOVED)
L6 37 S L1 AND (QUARTILE OR QUANTILE)
L7 21 DUP REM L6 (16 DUPLICATES REMOVED)
L8 13 S L7 NOT L5

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CA SUBSCRIBER PRICE	-1.50	-1.50

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